The Role of Therapeutic Mentoring in Enhancing Outcomes for Youth in Foster Care

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Statement of the Research Problem

Youth are placed in foster care to prevent further mistreatment or neglect, and to provide an environment where they can receive supportive services that facilitate recovery and promote growth and development (Lawrence, Carlson, & Egeland, 2006; Mennen & O'Keefe, 2005). While the foster care system operates as a protective entity, youth often develop significant maladaptive symptoms both as a result of the abuse and neglect that brings them into the system, as well as the trauma of being removed from biological relatives and from the instability of foster placements (Kortenkamp & Ehrle, 2002; Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). Evidence shows that youth who experience foster care display greater levels of behavioral issues upon release from care, and ongoing after release, as compared to youth who live in disadvantaged home environments with adequate parental care (Lawrence et al., 2006). These difficulties present challenges for the field of social work, where viable and effective solutions are needed.

Youth mentoring has shown promise as an intervention for children and youth faced with environmental risk factors (DuBois, Holloway, Valentine, & Cooper, 2002) and warrants further study for youth living in foster care. Mentoring has been defined as "a process aimed at strengthening an individual at risk through a personal relationship with a more experienced and caring person. Through shared activities, guidance, information, and encouragement, the individual gains in character and competence and begins setting positive life goals" (Barron-McKeagney, Woody, & D'Souza, 2001, p. 120).

Youth with environmental risks (e.g., from low-income, single-parent homes) have been shown to benefit from mentoring relationships. After participation in a Big Brothers Big Sisters (BBBS) mentoring program, at-risk youth showed improvements in their relationships with parents and feelings of competence at school, as well as better

school attendance (Rhodes, Grossman, & Resch, 2000). At-risk youth who engaged in a mentoring relationship for one year were less likely to engage in destructive behaviors (i.e., start using drugs or alcohol, get into fights, or skip school), were more confident in school, and were better able to get along with their families as compared to a control group who did not participate in mentoring (Grossman & Tierney, 1998). These positive results for at-risk youth support further investigation of mentoring programs for a specific at-risk population: youth living in foster care.

Research Background and Hypotheses

Effectiveness studies for a variety of youth mentoring programs have become the focus of increased attention in recent years. In 2002, David DuBois and his colleagues conducted a meta-analysis of 55 evaluations of mentoring programs and their impact on youth (DuBois et al., 2002). The review supported positive results overall for the mentoring programs reviewed. In addition, mentoring programs showing the largest effect sizes were focused on serving the population of at-risk youth (i.e., youth with environmental risks and deficits) (DuBois et al., 2002). However, there is a lack of comprehensive evaluations on youth mentoring programs that serve at-risk youth, as well as foster youth. One study that focused specifically on mentoring for youth in foster care (Rhodes, Haight, & Briggs, 1999) found that when foster youth who received mentoring were compared with a control group, the treatment foster youth demonstrated an increase in prosocial support and enhanced self-esteem, while youth in the control group (without mentors) showed declines in these areas.

These results indicate that the field of social work can gain important insight into a potentially effective service intervention for youth in foster care. Therefore, the current study sought to answer the following research questions: 1) What are the differences on behavioral outcomes between four groups of foster youth, three groups who received different amounts of therapeutic mentoring (for 6 months, 12 months, or 18 months) and one group who did not receive any therapeutic mentoring, while participating in a placement stabilization program for foster youth?; and 2) Is the length of the therapeutic mentoring relationship (i.e., up to 6 months, 12 months, or 18 months) associated with the level of improvement from intake to discharge? These research questions are based on the hypotheses that a longer duration and a therapeutic form of mentoring are more effective in facilitating positive change for foster youth.

Methodology

Four groups of foster youth were compared on behavioral outcomes, as measured on the Child and Adolescent Needs and Strengths (CANS) tool (Lyons, Griffin, Fazio, &

Lyons, 1999). The CANS consists of 8 domains and 105 individual items. Measures were taken at different points in time in the program (baseline, 6 months, 12 months, and 18 months). The foster youth study participants were provided an array of services as part of a targeted foster care program, the System of Care (SOC) program, designed to prevent foster placement disruption. The four groups of foster youth were compared on adjusted (ANCOVA) and unadjusted (ANOVA) change and correlated samples t-tests were also conducted to evaluate whether non-zero change on any CANS Scale existed within each group. The four subject groups were compared and defined based on the amount of therapeutic mentoring (TM) received during the six-month intervals. This design was chosen in order to compare the efficacy of groups receiving varying amounts of intervention (therapeutic mentoring), as well as to determine if the length of time in the program made a difference on program effects. The design consisted of three successive analyses over time using the same grouping variables.

The analysis is structured this way in order to allow pre- and post-measures to accurately assess youth who may have been getting a variety of services at different points in time. The analysis plan allows outcomes to be examined at different times for different participants at a regular interval since the TM intervention could begin at any point during a youth's stay in the SOC program. This also structures the analysis to have two subsequent analyses that are replications of the prior analysis. In other words, the analysis can determine whether similar effects remain in later time periods. Another benefit of this design is that it captures effects in earlier time periods for youth who may drop out of the program before subsequent analyses are conducted.

Results

The objective of the present study was to determine whether differences in outcomes would be evident for foster youth who received TM as related to youth who did not receive TM. Evidence from the analyses revealed that foster youth who received a substantial amount of TM improved significantly on measures of family and social functioning, and school behavior and achievement. The analysis also suggests that mentored youth who remain in the program longer (up to 18 months), and received TM, improved significantly over non-mentored youth in terms of demonstrating a reduction of the expression of stress symptoms associated with trauma.

Youth who received a substantial amount of therapeutic mentoring in their first 6 months in the SOC program showed significant improvement in the areas of interpersonal strengths, spirituality, family functioning, and the expression of trauma symptoms. While the No TM group also improved significantly in all areas of strengths analyzed at 6 months, this group also had the highest level of usable strengths than any group at intake.

Youth who received limited TM fared worse than youth who did not receive TM in that they showed no improvement from baseline to 6 months.

Prior research has shown that youth in mentoring relationships for six months or less showed decrements in functioning, particularly on scales of self-worth and academics, and an increase in substance use (Grossman & Rhodes, 2002). Youth in relationships for more than 12 months showed significant increases on measures of self-worth, socialization, academics, and family relationships, and a decrease in substance use (Grossman & Rhodes, 2002). The findings of the current research, in conjunction with the results of Grossman and Rhodes' (2002) study, suggest that vulnerable youth must receive a substantial amount of TM in order to benefit from the intervention. Receiving a limited amount may actually be worse than not receiving TM at all. Ultimately, the dosage and length of a mentoring relationship appears to significantly impact the extent to which the relationship is able to affect crucial areas of functioning for vulnerable youth.

The current study also revealed that at 18 months, the No TM group showed declines, as evidenced by the increase in the expression of trauma, such as re-experiencing (i.e., intrusive memories of a traumatic event) and dissociation. Youth who received a substantial amount of TM improved significantly more than the No TM group on expression of traumatic stress symptoms. It is important to note that the No TM group actually worsened from baseline to 18 months on measures of traumatic stress symptoms, while also experiencing an increase of trauma experiences during the same period. This means that the No TM group appears to have experienced additional trauma, which may explain the worsening of symptoms of traumatic stress. This group experienced a longer period of potential exposure to new trauma, while not receiving additional help. Mentored youth who demonstrated improvement may not have experienced ongoing or additional trauma during the treatment period, thereby allowing them to heal more quickly from past trauma with the support of the TM intervention.

These results are meaningful because youth who were rated as having the most severe symptoms of traumatic stress were the same youth who received a substantial amount of therapeutic mentoring and also made the most improvement overall. Youth who received substantial TM during their 18-month stay in the SOC program may have effectively been inoculated over time against the worsening of traumatic symptoms. Therefore, these findings suggest that longer periods of time without the intervention produce significantly poorer outcomes, while receiving substantial TM reduces the impact of trauma on youth.

Utility for Social Work Practice

The findings of this study suggest that receiving a substantial amount of therapeutic mentoring improves behavioral outcomes and reduces the impact of trauma for foster youth. Youth who receive limited therapeutic mentoring do not fare as well as both other mentored youth and also non-mentored youth. These findings have important policy implications for the field of social work. Overall, both dosage and duration of the mentoring relationship have been shown to be important indicators for successful outcomes. Social work administrators need to find ways to facilitate and support long-term mentoring relationships. As Grossman and Rhodes (2002) discovered, youth with fewer than six months of mentoring decline in functioning. The current study highlighted this finding by showing that youth with No TM improved while youth with Limited TM did not. This finding suggests that receiving No TM may actually be better than receiving a limited or inconsistent amount. In addition, foster youth experiencing traumatic stress symptoms may benefit significantly from additional support. An adjunctive service, such as therapeutic mentoring, may serve an important role in the social work service delivery framework for youth in foster care.

Considering the costs of foster care, both financial and emotional, further exploration and development of high quality mentoring programs is a worthwhile venture. It has been consistently documented that youth in foster care are significantly troubled and in need of ongoing, specialized, and preventive care. Given the promising results mentoring has shown for at-risk and foster youth, ongoing research and advocacy related to mentoring programs for this population are needed.

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